



PTO/SB/21 (05-08)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/534,461
		Filing Date	March 24, 2000
		First Named Inventor	ABOLFATHI, AMIR
		Art Unit	3626
		Examiner Name	Frenel, Vanel
Total Number of Pages in This Submission	6	Attorney Docket Number	018563-004300US / AT-00031

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

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GROUP 3600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP James M. Heslin	
Signature		
Date	August 1, 2003	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	JoAnn Evangelista		
Signature		Date	August 1, 2003

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O P E R A T I O N
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P A T E N T & T R A D E M A R K O F F I C E

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 730)

Complete if Known

Application Number	09/534,461
Filing Date	March 24, 2000
First Named Inventor	ABOLFATHI, AMIR
Examiner Name	Frenel, Vanel
Art Unit	3626
Attorney Docket No.	018563-004300US / A7-00031

METHOD OF PAYMENT (check all that apply)

 Check Credit Card MoneyOrder Other None
 Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

The Commissioner is authorized to: (check all that apply)

-
- Charge fee(s) indicated below
-
- Credit any overpayments
-
-
- Charge any additional fee(s) during the pendency of this application
-
-
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fees from below	Fee Paid
Total Claims				
Independent Claims				
Multiple Dependent		X		

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
	1051	130		2051	65	Surcharge - late filing fee or oath	
	1052	50		2052	25	Surcharge - late provisional filing fee or cover sheet	
	1053	130		1053	130	Non-English specification	
	1812	2,520		1812	2,520	For filing a request for reexamination	
	1804	920*		1804	920*	Requesting publication of SIR prior to Examiner action	
	1805	1,840*		1805	1,840*	Requesting publication of SIR after Examiner action	
	1251	110		2251	55	Extension for reply within first month	
	1252	410		2252	205	Extension for reply within second month	410
	1253	930		2253	465	Extension for reply within third month	
	1254	1,450		2254	725	Extension for reply within fourth month	
	1255	1,970		2255	985	Extension for reply within fifth month	
	1401	320		2401	160	Notice of Appeal	320
	1402	320		2402	160	Filing a brief in support of an appeal	
	1403	280		2403	140	Request for oral hearing	
	1451	1,510		1451	1,510	Petition to institute a public use proceeding	
	1452	110		2452	55	Petition to revive – unavoidable	
	1453	1,300		2453	650	Petition to revive – unintentional	
	1501	1,300		2501	650	Utility issue fee (or reissue)	
	1502	470		2502	235	Design issue fee	
	1503	630		2503	315	Plant issue fee	
	1460	130		1460	130	Petitions to the Commissioner	
	1807	50		1807	50	Petitions related to provisional applications	
	1806	180		1806	180	Submission of Information Disclosure Stmt	
	8021	40		8021	40	Recording each patent assignment per property (times number of properties)	
	1809	750		2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
	1810	750		2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
	1801	750		2801	375	Request for Continued Examination (RCE)	
	1802	900		1802	900	Request for expedited examination of a design application	
	Other fee (specify) _____						

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$730)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	James M. Heslin	Registration No. (Attorney/Agent)	29,541	Telephone	650-326-2400
Signature				Date	August 1, 2003

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